

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			07/20/97
FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected  
 (Through numeral)..... Canceled  
 - ..... Restricted

Claim	Date
Final	
Original	
1	1/16/97
2	1/16/97
3	1/16/97
4	1/16/97
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50	1/16/97

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY